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| | Application Number | | 10/7 | formation unless it displays a valid OMB control number. | | | |
| POWER OF ATTORNEY OR | | Filing Date | | | 02-18-2004 | | |
| | | First Named I | nventor | | h Bhaskar | | |
| REVOCATION OF POWER OF ATTORNEY | | | ratus | methods | , and article | es for a blin | |
| WITH A NEW POWER OF ATTORNEY | | Art Unit | - | 2622 | | | |
| AND | | Examiner Nar | ne | LEE. | MICHAEL | | |
| CHANGE OF COI | Attorney Doc | | | -238701 | | | |
| I hereby revoke all n | previous powers of attorney given in | | | | | = | |
| | ney is submitted herewith. | | | | | | |
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| The address asso | nge the correspondence address for the ab ociated with the above-mentioned Custome ociated with Customer Number: | | oplication | to: | | | |
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| | or. rd of the entire interest. See 37 CFR 3.71. 37 CFR 3.73(b) (Form PTO/SB/96) submit | tted herewith or i | filed on _ | | | | |
| | SIGNATURE of App | licant or Assign | nee of Re | cord | | | |
| Signature | Com A | | | Date | 7-16-68 | | |
| Name | dason Fiorillo | | | Telephone | 781-461- | -3as8 | |
| Title and Company | Assistant Secretary | | | | | | |
| NOTE: Signatures of all the | inventors or assignees of record of the entire in | nterest or their repr | esentative | (s) are required. | Submit multiple form | s if more than one | |

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